

Foster Family Home - Corrective Action Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

Review ID: 1-160096-4

4483 Luaole Street

Reviewer: Angelica Galindo

Honolulu

HI 96818

Begin Date: 12/3/2018

End Date: 12/03/18

Foster Family Home

Required Certificate

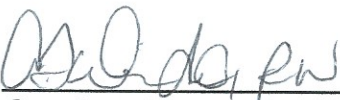
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

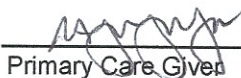
Comment:

Home visit for a 3 person CCFFH recertification review made on 12/03/18.

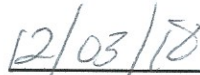
6.(d)(1) - Home in compliance with all requirements.



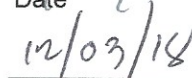
Compliance Manager



Primary Care Given



Date



Date